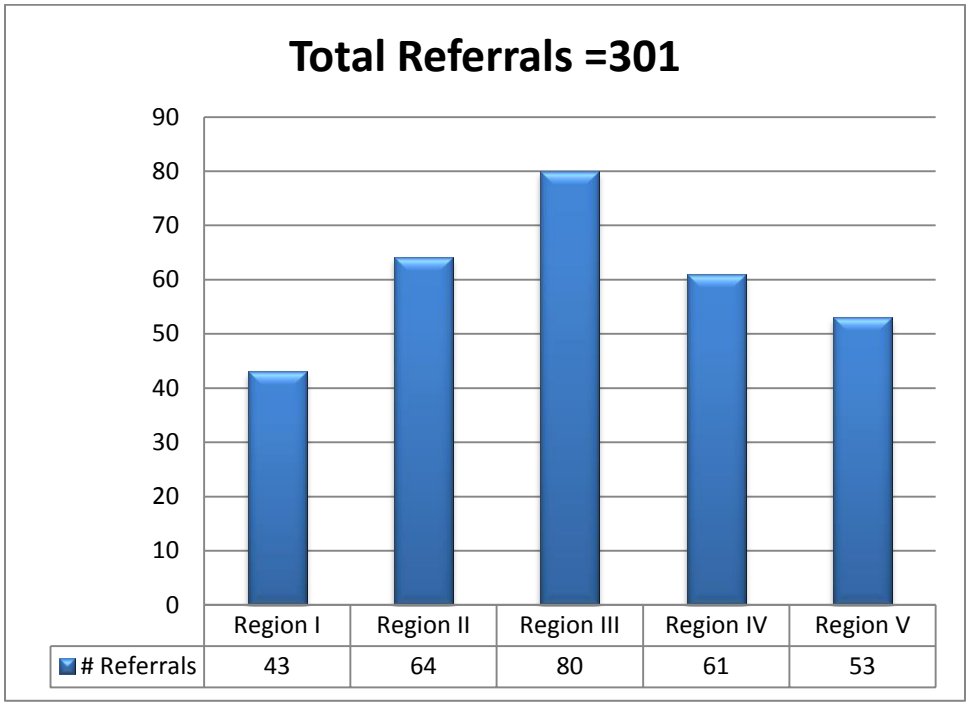
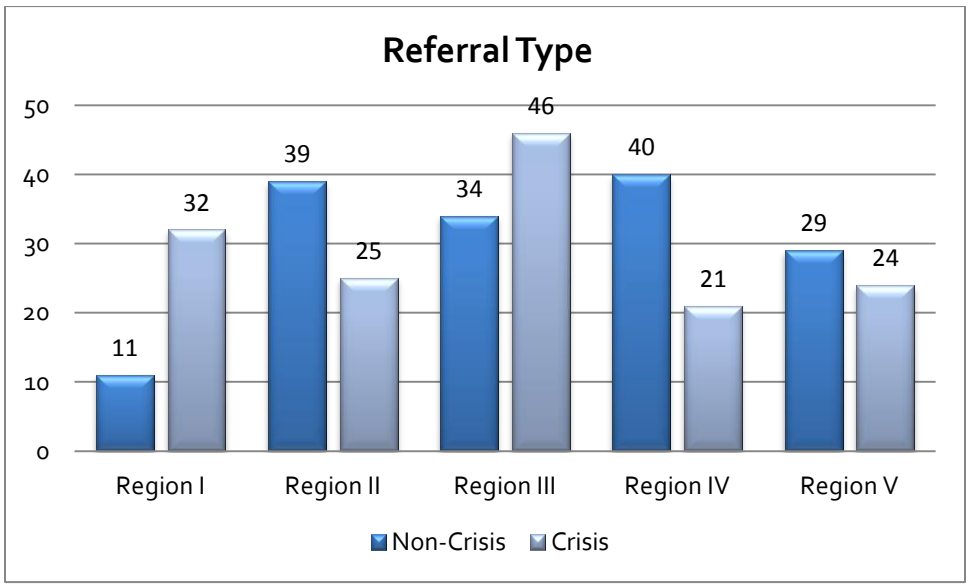
REACH Data Summary Report-Adult: Quarter II/FY17

This report provides data summarizing the referral activity, service provision, and residential outcomes for adult individuals served by the REACH programs during the second quarter of fiscal year 2017.

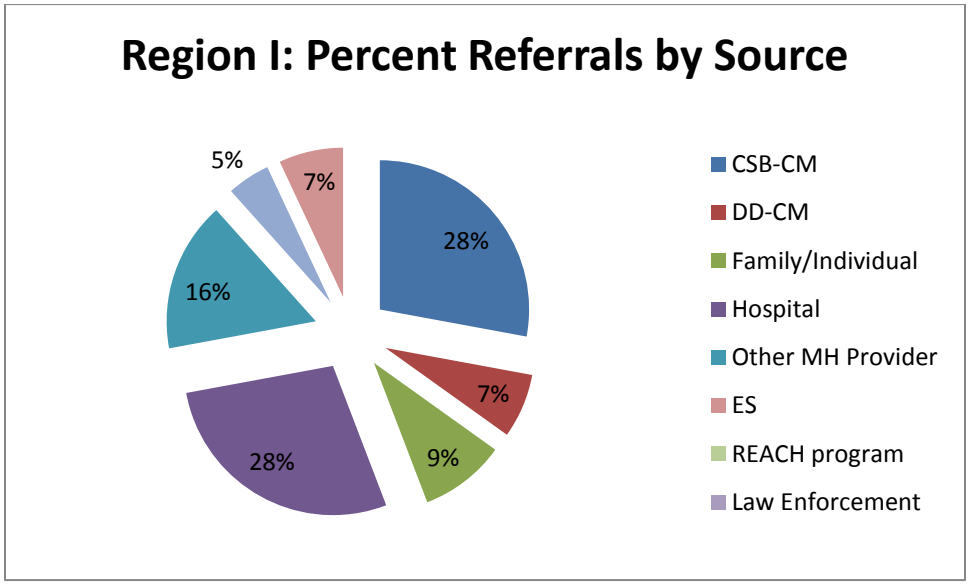
REACH Referral Activity

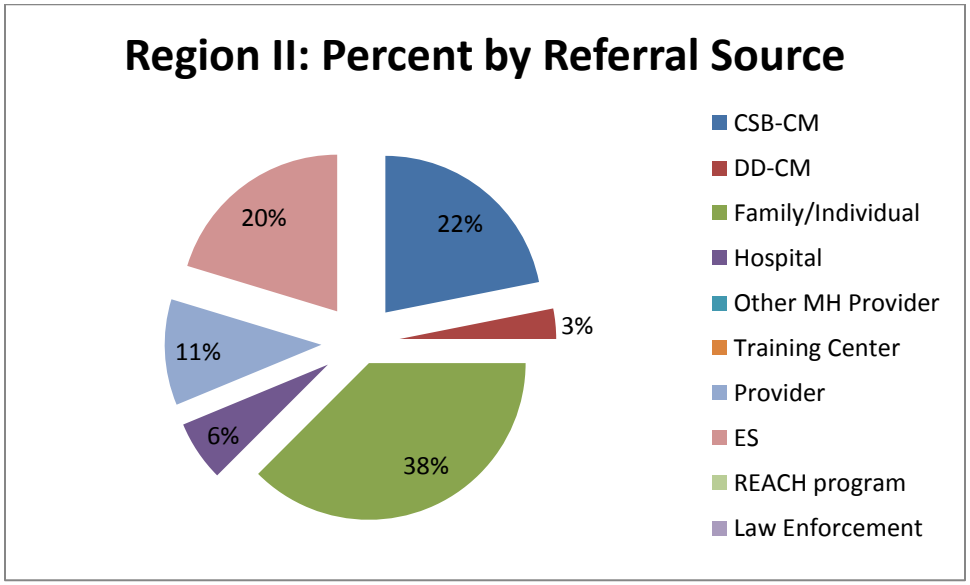


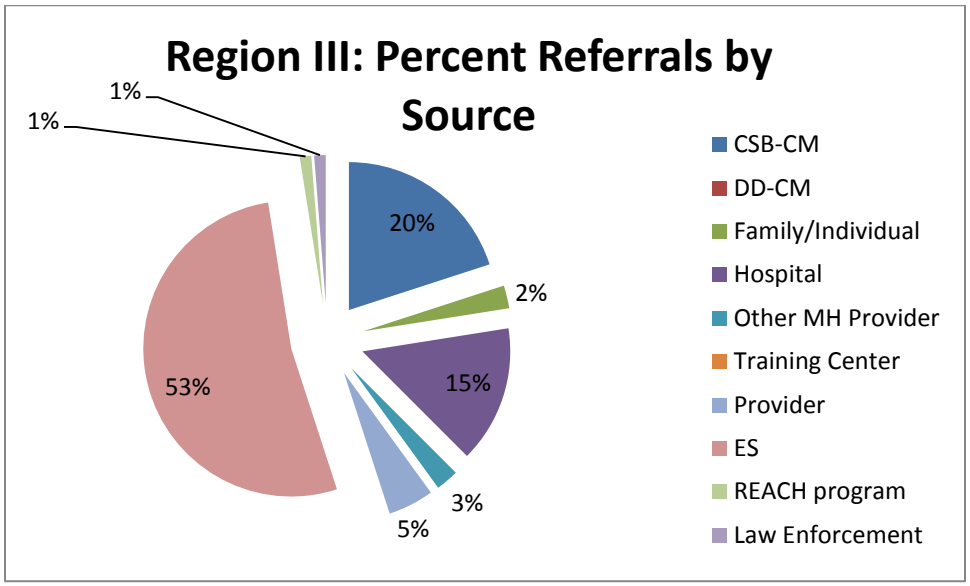


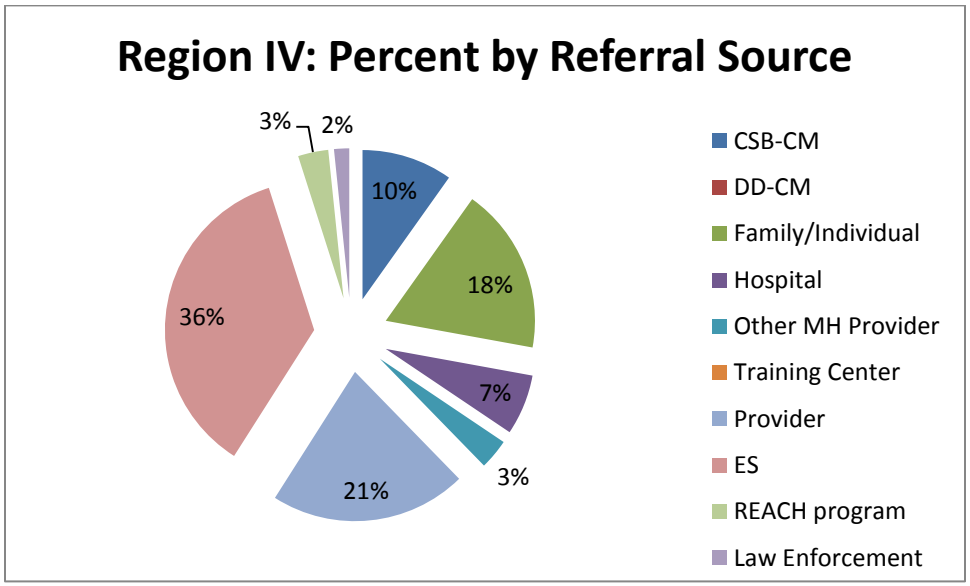
Referral activity for the second quarter of fiscal year 2017 is presented in the graph on the preceding page. Referral numbers for Quarter II have remained stable from the previous quarter (FY17 Q1: 281; FY17 Q2: 301). Region III received the largest number of referrals, and Region II the fewest.

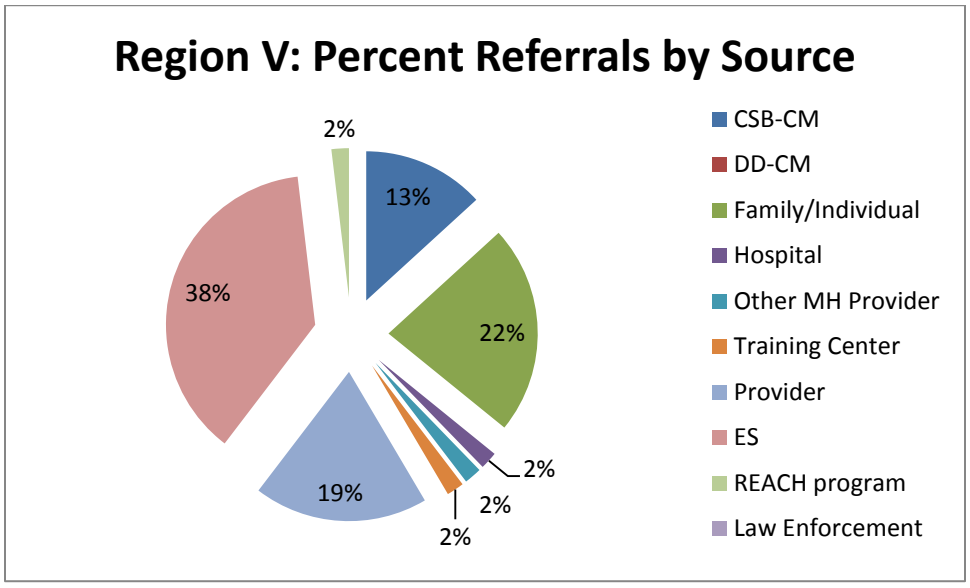
Referral activity is also considered by differentiating the source of the request for service. The following five charts show a breakdown by region of referral source data. The subsequent table offers information about the day of the week and time of day that referrals are received by the programs.






Region III: Percent Referrals by Source
1%
1%
20%
2%
15%
3%
5%
53%
CSB-CM
DD-CM
Family/Individual
Hospital
Other MH Provider
Training Center
Provider
ES
REACH program
Law Enforcement


Region IV: Percent by Referral Source
3%
2%
10%
18%
7%
3%
21%
36%
CSB-CM
DD-CM
Family/Individual
Hospital
Other MH Provider
Training Center
Provider
ES
REACH program
Law Enforcement



Referral sources cover a broad range of stakeholders when the state is considered as a whole. Typically, the programs receive referrals Monday through Friday during normal business hours (8:00 a.m.-5:00 p.m.). This quarter, about 18% of crisis referrals came in between 11:00 pm and 6:59 am.

Referral Time	Region I	Region II	Region III	Region IV	Region V
Monday-Friday	39	59	68	53	44
Weekends/Holidays	4	5	12	8	9
7am-2:59pm	28	38	37	37	22
3pm-10:59pm	12	20	36	21	24
11pm-6:59am	3	6	7	3	7

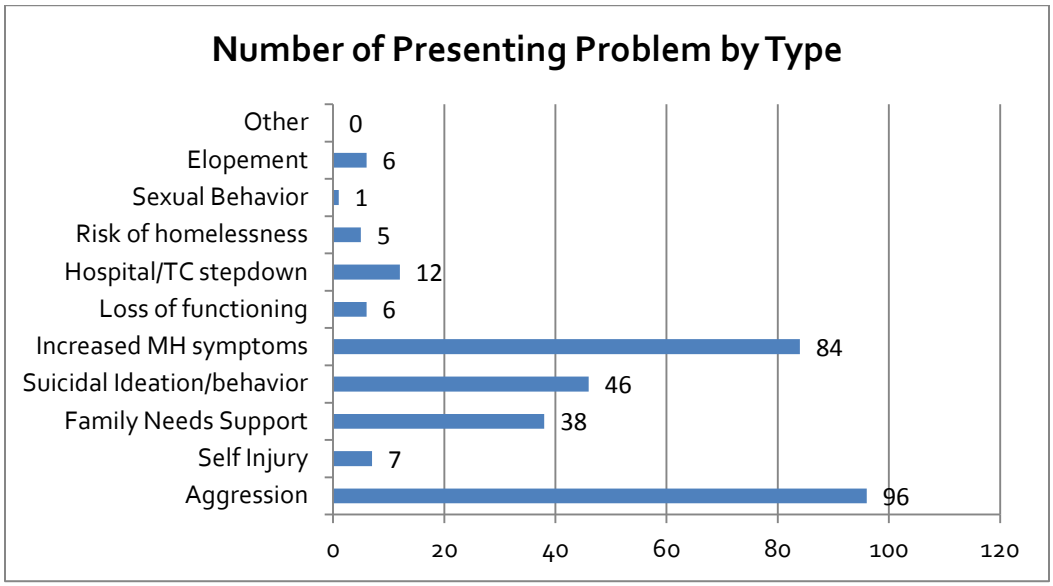
Also of interest to the Commonwealth is ensuring that the REACH programs serve the DD community in its entirety and effectively. This means ensuring that services tailored to the needs of those with autism, an intellectual disability, or a dual diagnosis receive services that will enhance their functional capacities and the quality of their daily lives. The table below summarizes the breakdown of individuals referred to REACH with an intellectual disability only, an intellectual and developmental disability, developmental disability only, and Unknown/None. Unknown/None is a new category added this quarter. "Unknown" refers to individuals who are still in the referral process at the end of the quarter and documentation of disability is being verified, and "None" references individuals for whom a referral was taken but diagnostic criteria was not substantiated.

Diagnosis	Region I	Region II	Region III	Region IV	Region V
ID Only	26	24	51	37	37
ID/DD	7	19	9	11	9

DD only	3	14	14	8	5
Unknown/None	7	7	6	5	2

In terms of what type of clinical issues bring individuals to the REACH programs for support, aggressive behavior continues to be the most common reason cited. Aggressive behavior includes physical aggression, verbal threats, and property destruction. Increased mental health symptoms continue to be the second most frequent reason that services are initiated on statewide basis. Following the summary table below, a graph presents the same information aggregated across all five regions.

Presenting Problems	**Region I**	**Region II**	**Region III**	**Region IV**	**Region V**
Aggression	8	23	27	24	14
Self-Injury	0	2	2	3	0
Family Needs Support	2	6	3	12	15
Suicidal Ideation/behavior	11	7	18	4	6
Increased MH symptoms	13	21	18	17	15
Loss of functioning	2	0	2	1	1
Hospital/TC stepdown	4	1	7	0	0
Risk of homelessness	1	2	2	0	0
Elopement	0	1	0	0	0
Other	2	1	1	0	2
Sexual Behavior	0	0	0	0	0

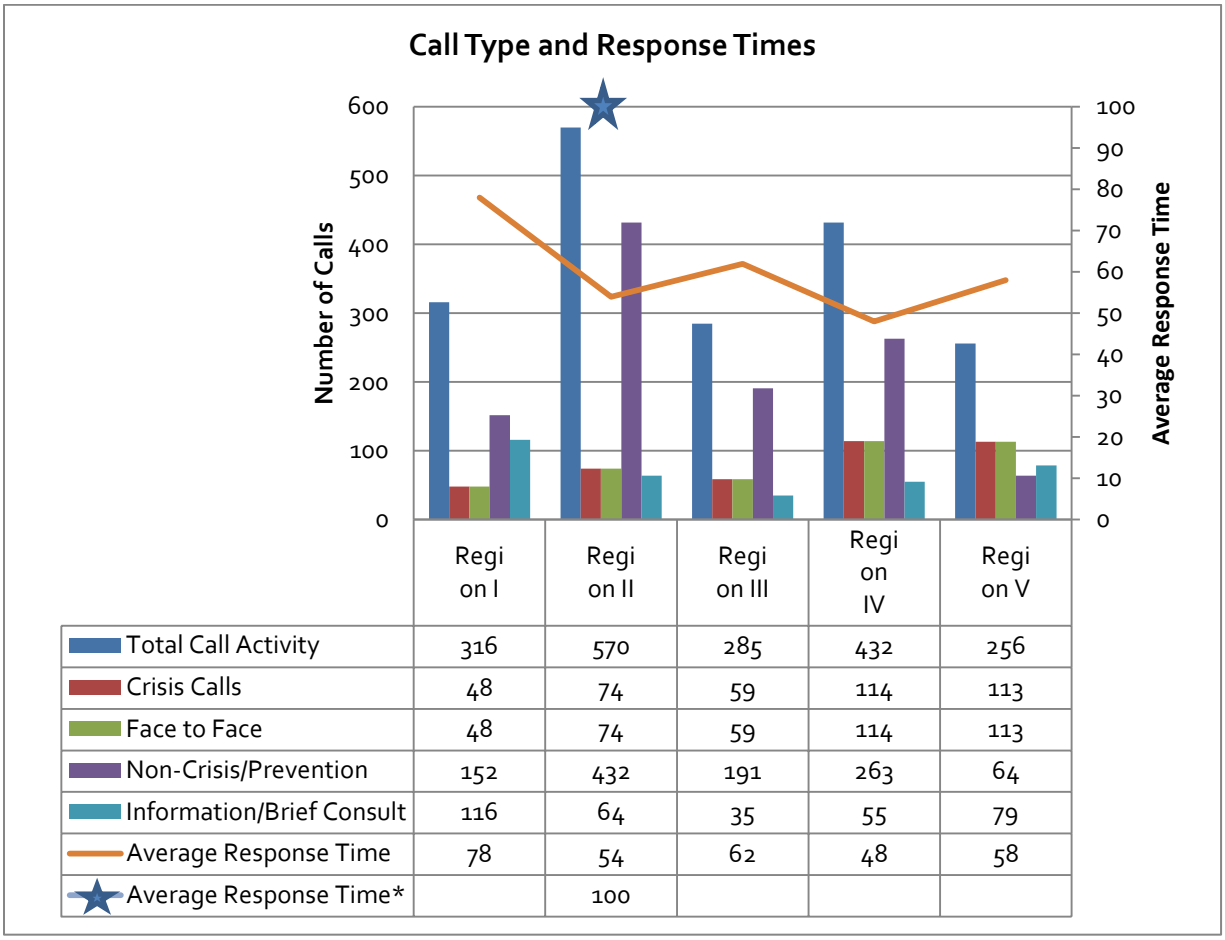


REACH Crisis Response

Each of the five regional REACH programs operates a crisis line 24-hours per day, seven days per week. Arriving calls may be from existing REACH clients or from systems in the midst of an escalating situation. Calls are responded to in one of two ways: either by telephone consultation or through an on-site, face-to-face assessment and intervention. Because the crisis line allows an individual to access a trained clinician 24/7, it is being used more and more frequently by REACH clients and their circles of support to maintain stability or to assist the individual in problem solving through a stressful situation. The "crisis" line is becoming a primary tool of prevention for some of the programs. REACH clinicians are expected to respond in-person to situations that meet the acuity level of a crisis, and this includes partnering with emergency services prescreening staff when a Temporary Detention Order is being considered. Non-crisis calls that are received by the programs are understood to serve a preventive role and may be a prescribed element within a written Crisis Education and Prevention Plan (CEPP). Domains of interest related to crisis line activity include the following:

- Crisis calls
- Non-crisis/Prevention
- Information/brief consult
- In-person assessment/intervention
- Total crisis line activity
- Average response time

A summary of information related to these elements is depicted in the graph below. Please note that this graph encompasses all calls received on the crisis line during the review cycle. It includes on-site responses to existing REACH clients, repeat calls from individuals, as well as new referrals who may be contacting REACH for the first time. Therefore, call totals, when combined across categories will exceed the total number of referrals for the quarter. As has been noted before, crisis line activity and referral activity are best understood as separate elements.

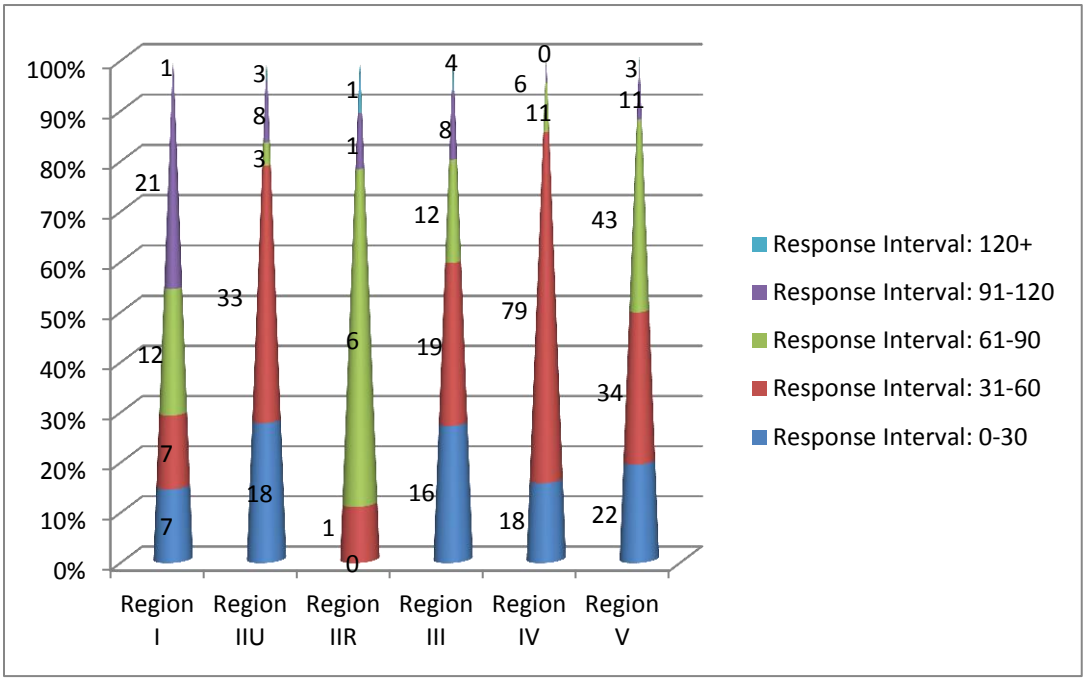


	Region I	Region II	Region III	Region IV	Region V
Total Call Activity	316	570	285	432	256
Crisis Calls	48	74	59	114	113
Face to Face	48	74	59	114	113
Non-Crisis/Prevention	152	432	191	263	64
Information/Brief Consult	116	64	35	55	79
Average Response Time	78	54	62	48	58
Average Response Time*		100			

Average response time is graphed on a secondary axis, represented by the orange line. This emphasizes that the data element represents a different unit of measurement and allows variability to be clearly seen. All regions are meeting expectations regarding average time to respond to the scene of the crisis event. Three CSBs moved from Region I into Region II, two of which are designated as rural areas. Region II now has urban and rural areas. Data for the urban and rural areas of Region II are represented separately here, and data specific to Region II's rural areas is designated by the blue star in the graph above. Regions II* (Urban) and IV must have an average annual response time of within one hour, and their average response times are below the standard for these urban regions. Regions I, II* (Rural), III, and V have an average annual response time of two hours. All regions are also responding well below their allotted time, with

average response times very close to the shorter average annual response time applied only to urban regions. The table on the following page breaks out response times by 30 minute intervals, offering a finer discrimination of response time data. The graph just below that table shows this same data visually, showing response time intervals as percentage of total responses.

	Total Calls	Region I	Region IIU	Region IIR	Region III	Region IV	Region V
Response Interval: 0-30	81	7	18	0	16	18	22
Response Interval: 31-60	173	7	33	1	19	79	34
Response Interval: 61-90	87	12	3	6	12	11	43
Response Interval: 91-120	55	21	8	1	8	6	11
Response Interval: 120+	12	1	3	1	4	0	3



Location of Crisis Assessments

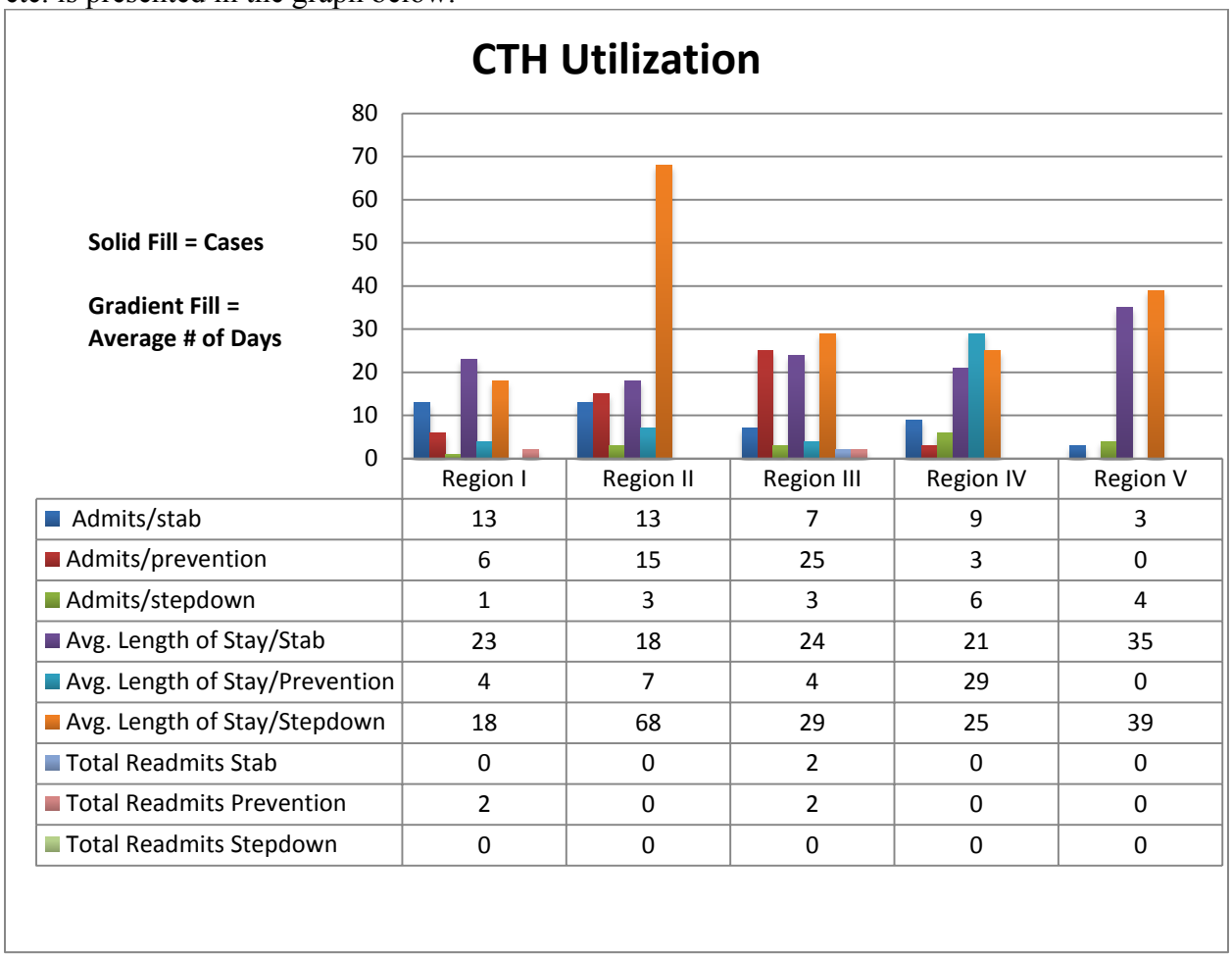
Assessment Location	Region I	Region II	Region III	Region IV	Region V
Family Home/Individual Home	8	17	0	21	13
Hospital/Emergency Room	25	28	47	43	56
Residential Provider	6	7	10	36	36
Day Program	1	0	0	5	0
Emergency Services/CSB	0	19	1	4	5
Police Station	0	0	1	0	0
Other Community Setting*	2	3	0	5	3

*Other settings include: school, Walgreens, restaurant, ALF, street

When indicated, the REACH programs are expected to arrive at the physical site of the crisis event, regardless of the nature of the setting. The table above provides a summary of the various locations where mobile crisis assessments took place over the course of the second quarter of FY17.

Crisis Therapeutic House

Each of the five REACH programs operates a Crisis Therapeutic Home (CTH) that accepts both crisis stabilization admissions, step downs from hospitals and jails, and planned, preventive stays. Region specific information related to type of stay, length of stay, readmissions, waitlists, etc. is presented in the graph below.

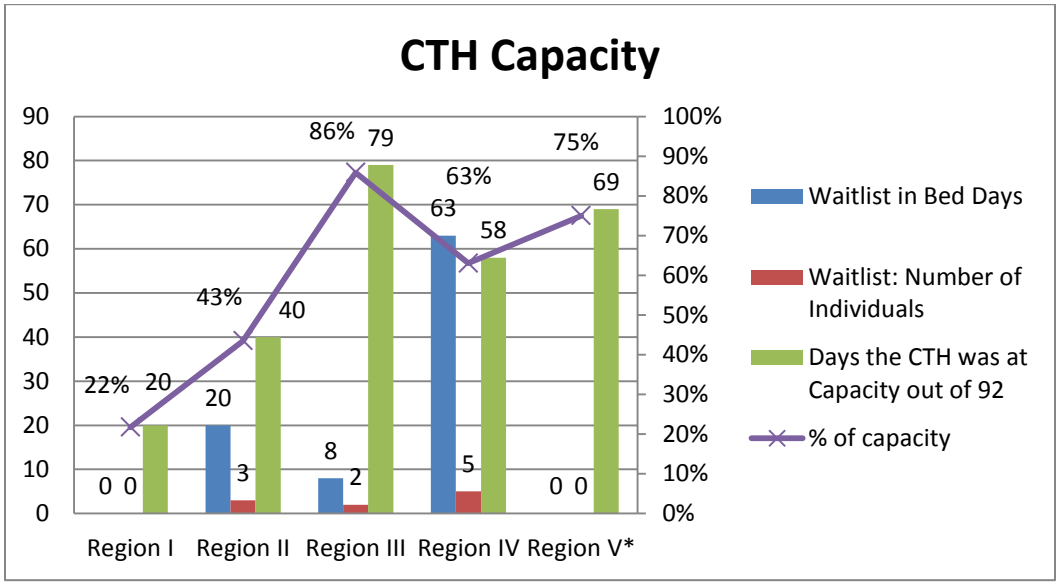


	Region I	Region II	Region III	Region IV	Region V
Admits/stab	13	13	7	9	3
Admits/prevention	6	15	25	3	0
Admits/stepdown	1	3	3	6	4
Avg. Length of Stay/Stab	23	18	24	21	35
Avg. Length of Stay/Prevention	4	7	4	29	0
Avg. Length of Stay/Stepdown	18	68	29	25	39
Total Readmits Stab	0	0	2	0	0
Total Readmits Prevention	2	0	2	0	0
Total Readmits Stepdown	0	0	0	0	0

The Commonwealth has been closely monitoring capacity of REACH programs across the Commonwealth. Region II had two individuals whose stepdown stays exceeded 30 days and since they only had three individuals classified as stepdown, this greatly skewed this data. Region V has had multiple stepdown and stabilization stays that have exceeded 30 days. These have been primarily due to serving people without supports and services in place at the time they enter the CTH. In all instances, the Therapeutic Home is working with the CSB to ensure the individual is linked to appropriate supports and services. All programs are responsible for

working with the Department as well to ensure that the system is working together to ensure an appropriate resolution and placement for the individual being supported

The graph below provides information regarding CTH capacity. Please note that waitlist days are ***not*** consecutive. This number reflects the cumulative number of days across the quarter when a bed was not available when requested for an *appropriate* admission to the CTH.

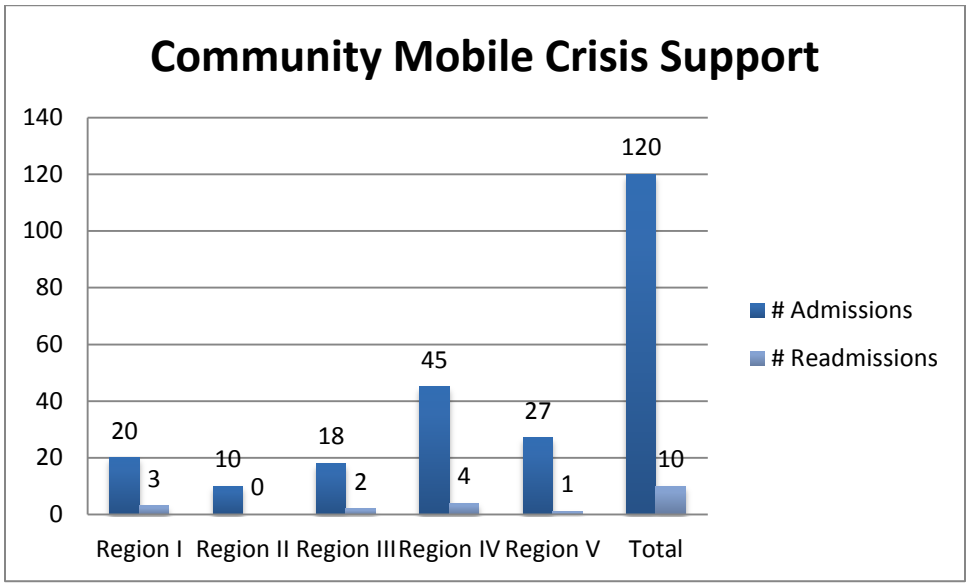


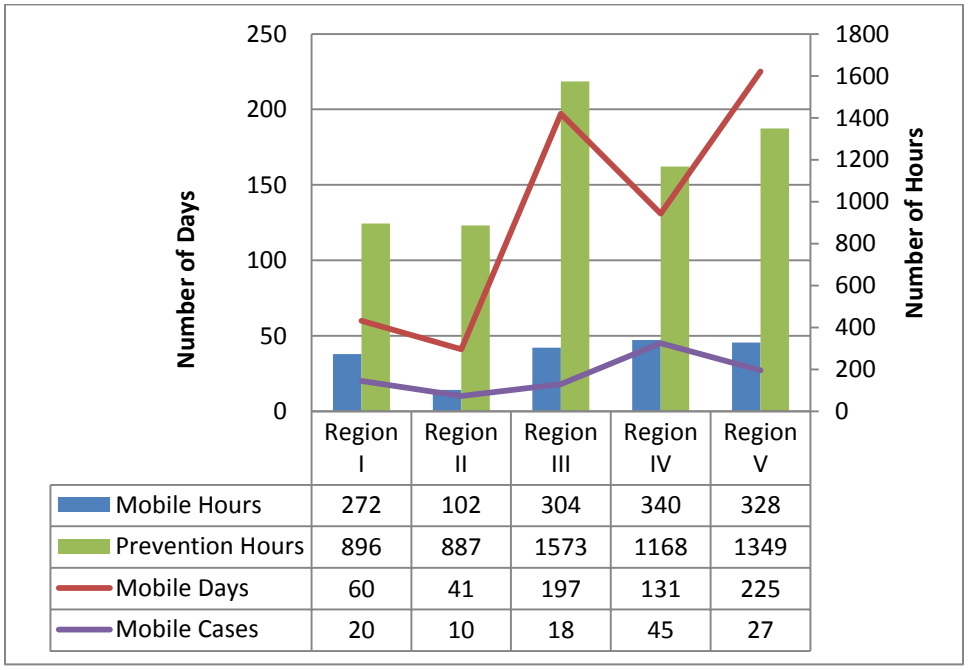
A review of the capacity data for the second quarter indicates that there were 10 individuals who waited for admission into the CTH, with five of those individuals waiting in Region IV.

Individuals were offered other services while they waited for admission to the CTH. Of the 10 individuals who were waiting to access a bed at the CTHs, one had services reactivated with REACH, 3 received mobile supports, 2 were offered but declined mobile supports, 1 was offered but declined another CTH and mobile supports, and 3 people had delayed discharges from the hospital (1 by parent request due to special family circumstances).

Community Mobile Crisis Stabilization

In addition to the CTH, the REACH programs offer mobile, community-based crisis intervention and stabilization plans. Mobile crisis stabilization supports again exceeded the use of the CTH when total number of cases is considered as the metric. Statewide, there were 111 admissions to the CTH for crisis stabilization during QII of FY 17 compared to 120 for the community mobile support program. Readmission rates to both programs remain extremely low and are not counted in the totals below. The graphs that follow provide information on the utilization of community mobile support services.





Mobile crisis stabilization services typically involve REACH clinicians going to the homes, day program, work site, or recreational site frequented by the individual to work with them on developing and practicing coping skills, and problem solving situations that arise in the settings where they spend their time. Concurrently, they assist care providers in learning to work successfully with the people they serve. This may involve helping them to effectively coach the individual through the use of a coping strategy during periods of distress, enhancing their communication skills, or making modifications to the environment or daily routine. The bottom

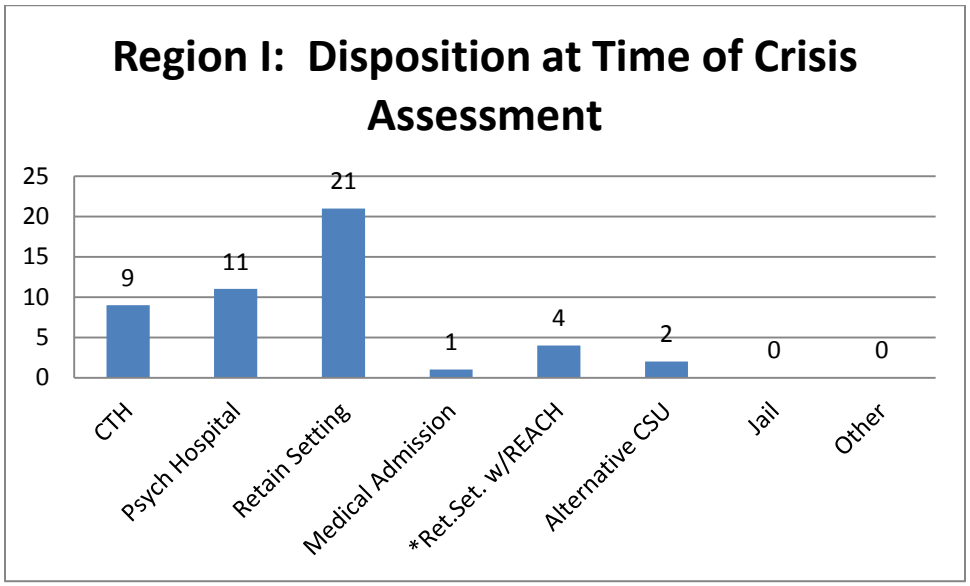
end of range of days that services are provided is one for all regions. Generally, cases are provided with service for about 3 to 5 days. Data for the present quarter regarding the range in service days as well as the average number of days and hours crisis supports were in place is as follows:

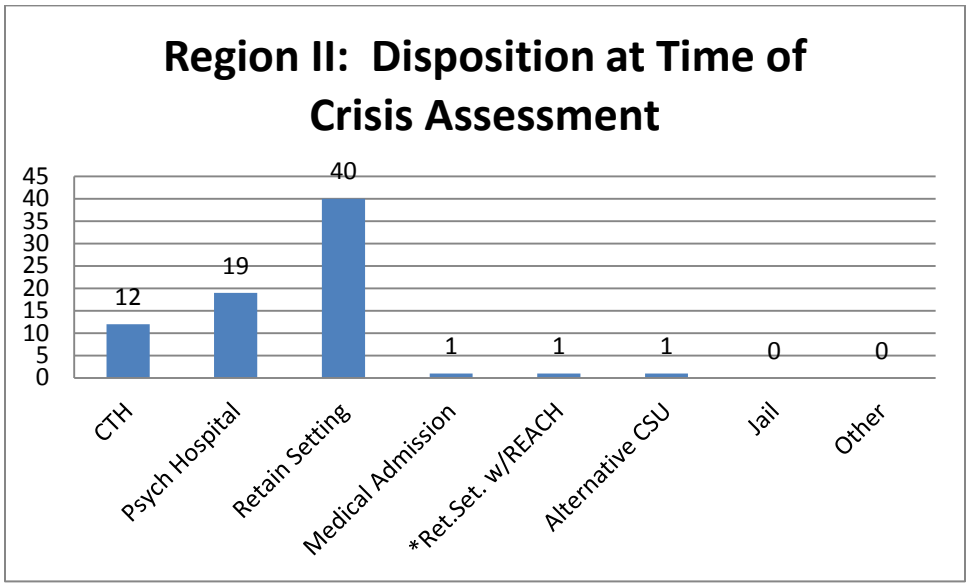
Service Unit	Region I	Region II	Region III	Region IV	Region V
Range of Days	1-7	1-10	1-15	1-13	1-16
Average Days/ Case	3.0	4.1	10.9	2.9	8.3
Average Hours/Day	4.5	2.5	1.5	2.6	1.5
Average Hours/Case	13.6	10.2	16.9	7.6	12.1

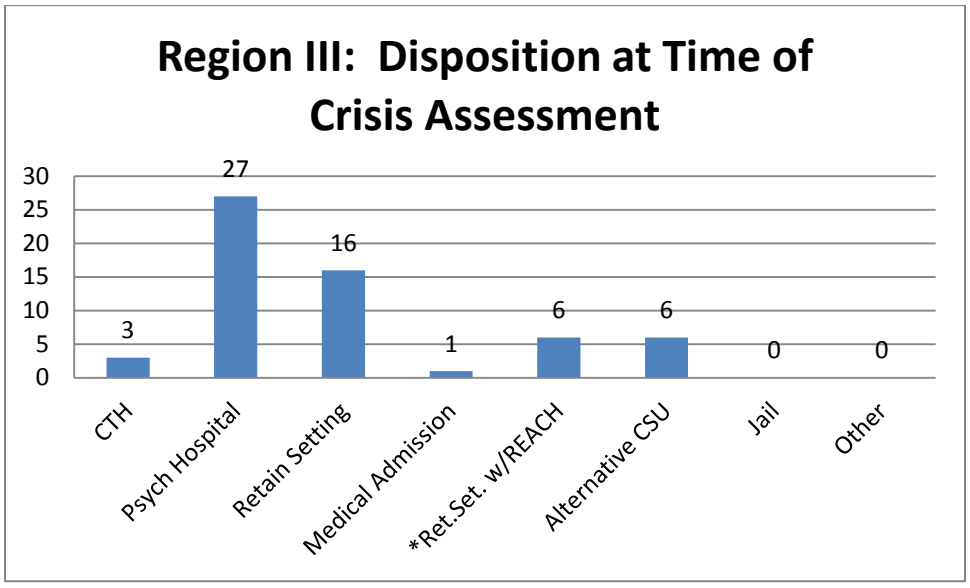
Crisis Service Outcomes/Dispositions

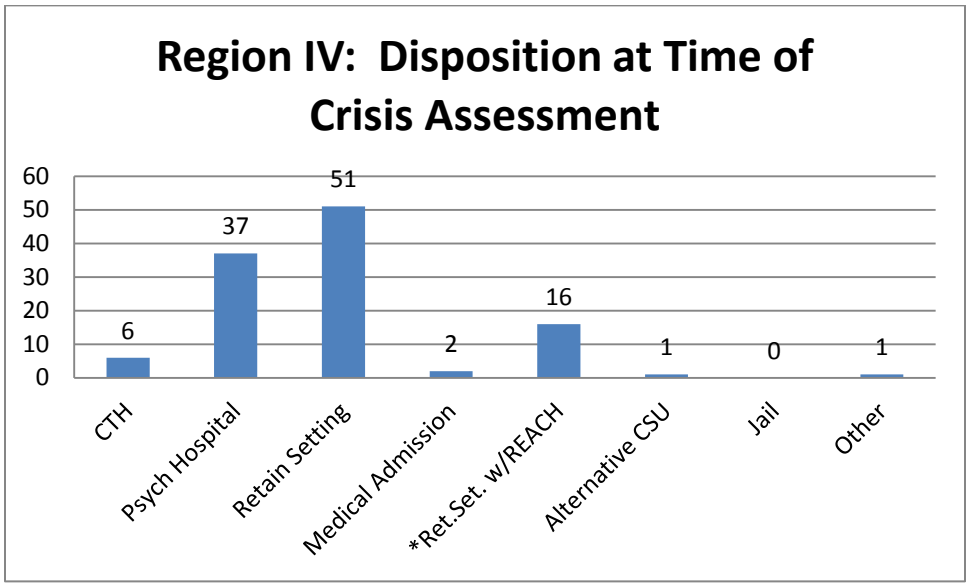
Maintaining residential stability and community integration is one of the primary goals of the REACH programs. Disposition data from three different perspectives are considered in this report. First, what is the outcome when a crisis assessment is needed? Second, what is the outcome when one is admitted to the CTH? Third, what is the outcome when mobile supports are put in place to stabilize the situation and avoid the need for CTH admission, hospitalization, or some other disposition that involves disrupting the person's residential setting?

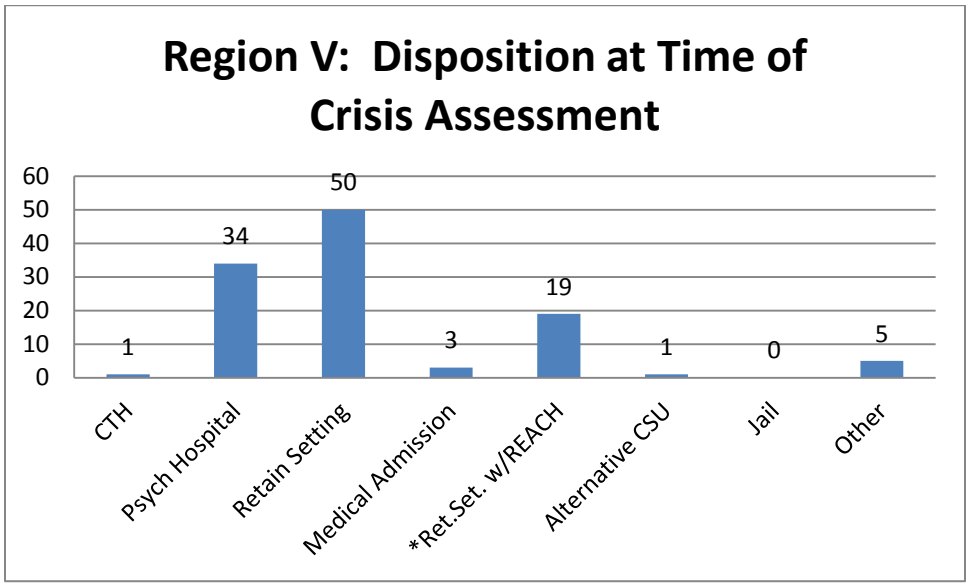
The following graphs provide a summary of outcome data for crisis responses for each of the five regions. In other words, when a call is received by REACH on the crisis line, what is the disposition of the individual at the end of that single event? Based upon reported data of the outcome of mobile crisis responses, it continues to be the case that a substantial majority of situations resolve with the individual remaining in their current residential setting.


Region I: Disposition at Time of Crisis Assessment
25
20
15
10
5
0
9
11
21
1
4
2
0
0
CTH
Psych Hospital
Retain Setting
Medical Admission
*Ret.Set. w/REACH
Alternative CSU
Jail
Other

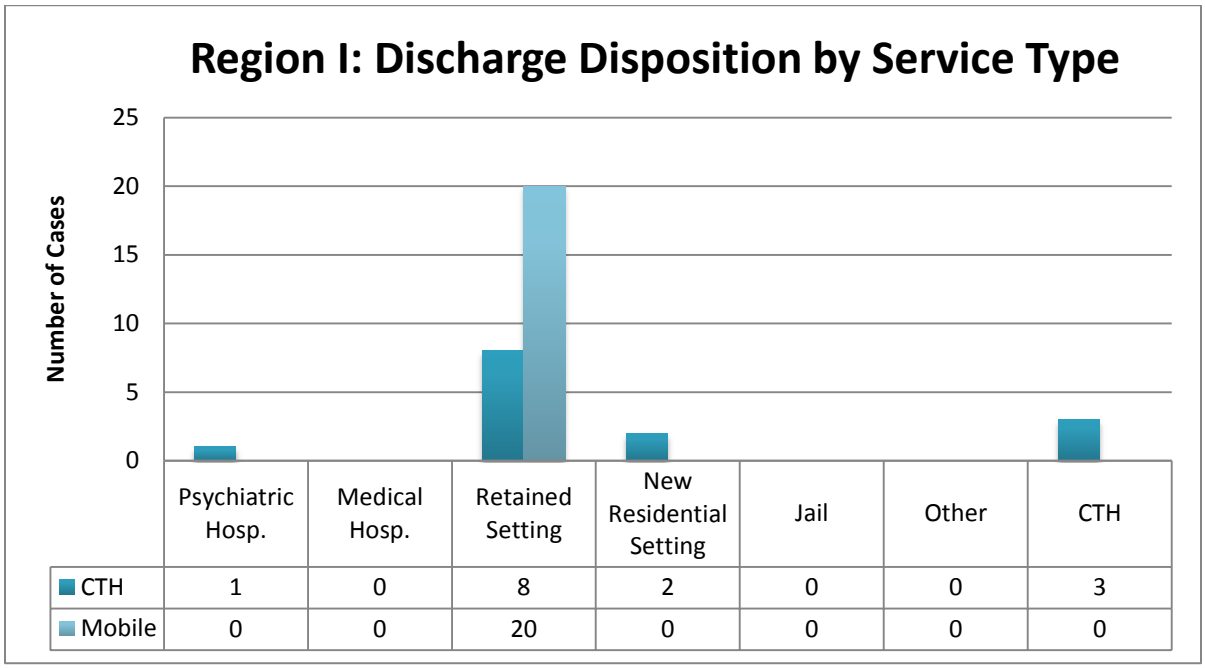

Region II: Disposition at Time of Crisis Assessment
45
40
35
30
25
20
15
10
5
0
12
19
40
1
1
1
0
0
CTH
Psych Hospital
Retain Setting
Medical Admission
*Ret.Set. w/REACH
Alternative CSU
Jail
Other

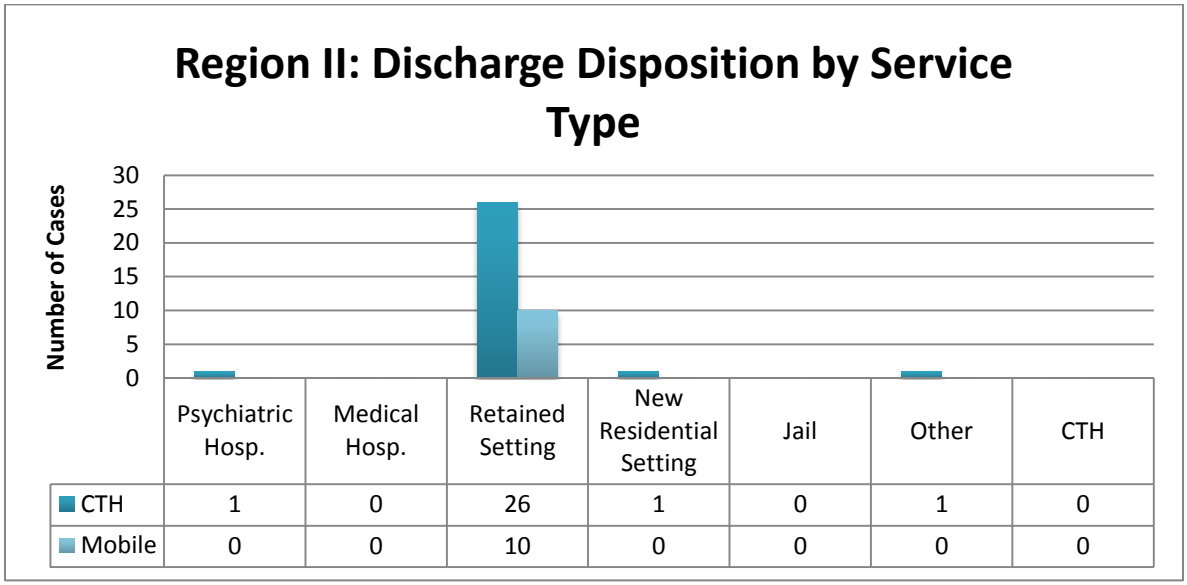

Region III: Disposition at Time of Crisis Assessment
30
25
20
15
10
5
0
3
27
16
1
6
6
0
0
CTH
Psych Hospital
Retain Setting
Medical Admission
*Ret.Set. w/REACH
Alternative CSU
Jail
Other

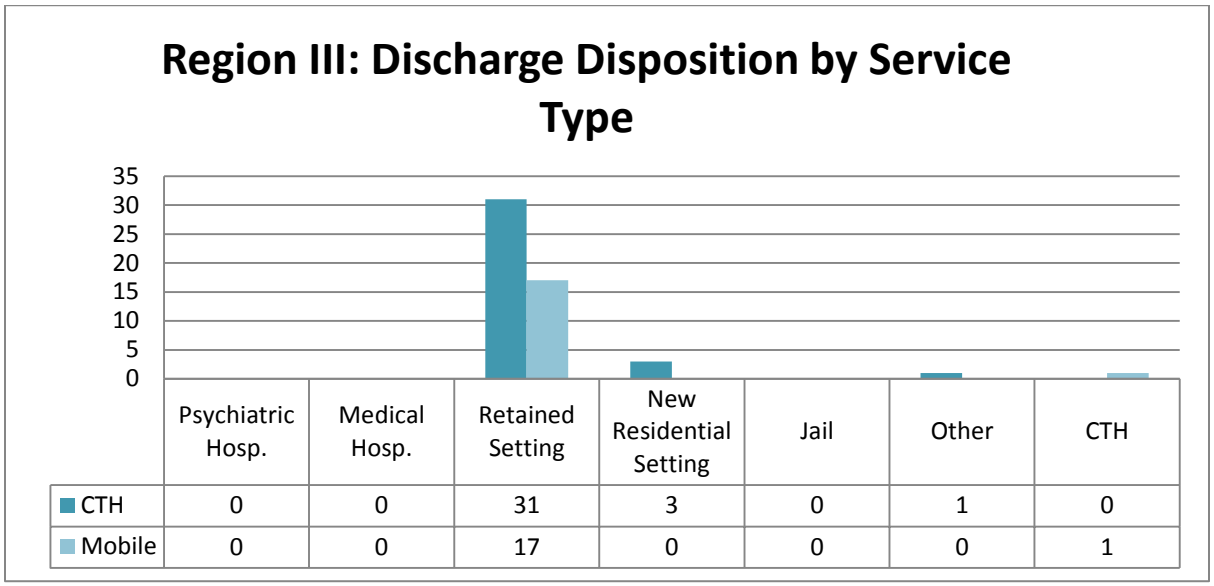

Region IV: Disposition at Time of Crisis Assessment
60
50
40
30
20
10
0
6
37
51
2
16
1
0
1
CTH
Psych Hospital
Retain Setting
Medical Admission
*Ret.Set. w/REACH
Alternative CSU
Jail
Other

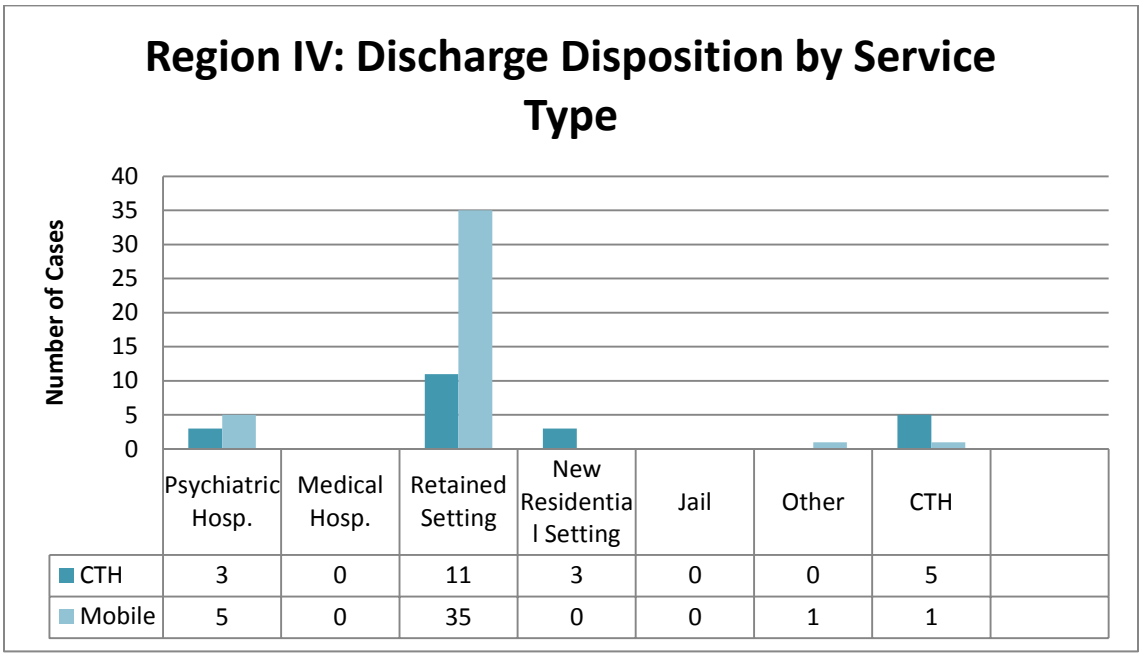


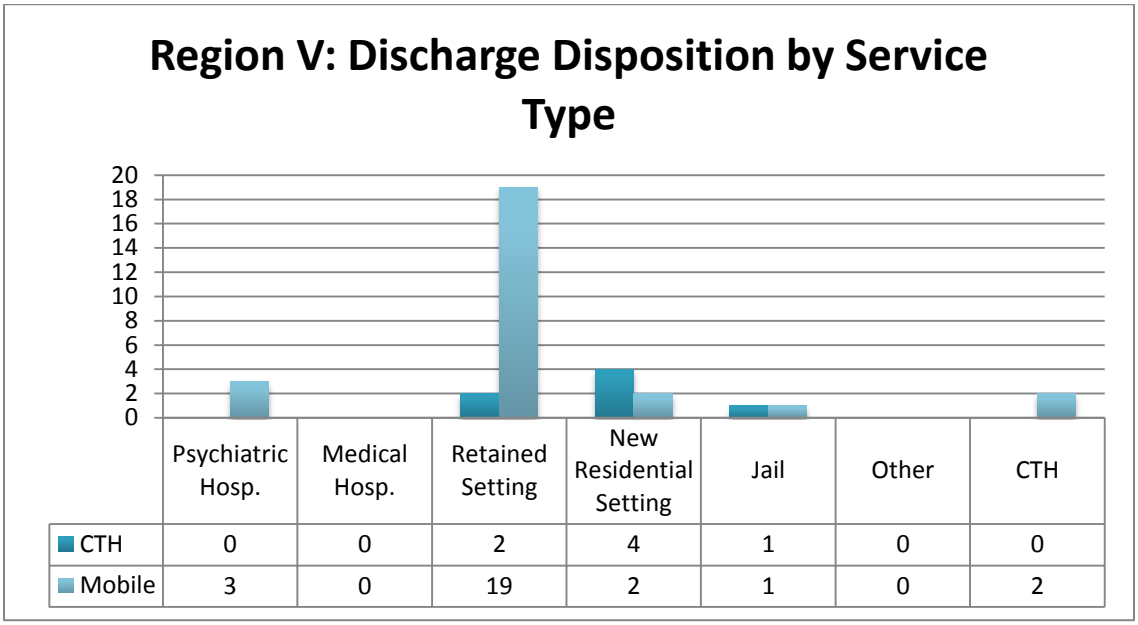
Another important aspect of outcome data is to look at what happens to individuals who receive a particular service from REACH through either the CTH or community mobile support program. The charts on the following pages give information on outcomes for individuals who have received mobile supports or who have had a stay in the CTH. Because there are very few readmissions to these two programs, the cases can be considered almost entirely non-duplicative. For individuals receiving either mobile, community based interventions or interventions within the CTH, the most frequent result is residential stabilization. With intervention from the REACH program, rates of hospitalization have not changed. This data is being reviewed for additional insight, and the Commonwealth continues to monitor this area and explore ways to reduce any unnecessary psychiatric hospitalizations.


Region I: Discharge Disposition by Service Type
Number of Cases
25
20
15
10
5
0
Psychiatric Hosp.
Medical Hosp.
Retained Setting
New Residential Setting
Jail
Other
CTH
CTH 1 0 8 2 0 0 3
Mobile 0 0 20 0 0 0 0


Region II: Discharge Disposition by Service Type
Number of Cases
30
25
20
15
10
5
0
Psychiatric Hosp.
Medical Hosp.
Retained Setting
New Residential Setting
Jail
Other
CTH
CTH 1 0 26 1 0 1 0
Mobile 0 0 10 0 0 0 0


Region III: Discharge Disposition by Service Type
35
30
25
20
15
10
5
0
Psychiatric Hosp.
Medical Hosp.
Retained Setting
New Residential Setting
Jail
Other
CTH
CTH 0 0 31 3 0 1 0
Mobile 0 0 17 0 0 0 1


Region IV: Discharge Disposition by Service Type
Number of Cases
40
35
30
25
20
15
10
5
0
Psychiatric Hosp.
Medical Hosp.
Retained Setting
New Residential Setting
Jail
Other
CTH
CTH 3 0 11 3 0 0 5
Mobile 5 0 35 0 0 1 1



SERVICE ELEMENTS

Each of the five regional REACH programs provides an array of services to individuals enrolled. These services include prevention and education services, assessment services, and consultation services. The tables below summarize the services provided in each of the three REACH program components.

Service Type: Crisis Stabilization (CTH)					
Service Type Delivered per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	13	13	7	10	3
Consultation	13	13	7	10	3
Crisis Education Prevention Plan	13	7	7	10	3
Provider Training	13	7	7	10	3

Service Type Provided: Planned Prevention (CTH)					
Service Type Delivered Per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	0	15	25	3	0
Consultation	6	15	25	3	0
Crisis Education Prevention Plan	6	5	16	2	0
Provider Training	1	5	16	2	0

Service Type: Crisis Stepdown (CTH)					
Service Type Delivered per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	1	3	3	9	4
Consultation	1	3	3	9	4
Crisis Education Prevention Plan	1	3	3	6	4
Provider Training	1	2*	3	6	4

*The provider could not be trained as the individual moved out of the country- plan was sent to provider.

Service Type Provided: Mobile Crisis Support					
Service Type	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	20	10	18	49	27
Consultation	20	10	18	49	27
Crisis Education Prevention Plan	20	3	18	24	27
Provider Training	20	10	18	49	27

REACH Training Activities

REACH continues to expand its role as a training resource for the community of support providers, both paid and unpaid, who sustain relationships with DD individuals. The REACH programs continue to train law enforcement officers about the REACH program, and the REACH program leadership will be working to finalize the curriculum for DBHDS' statewide law enforcement training plan.

The table below provides a summary of attendance numbers for various trainings completed by the REACH programs. These trainings target the information needed by professionals in various work settings and are generally tailored to the specific needs of the audience. Region I offered an Autism specific training which was supported by DBHDS in July which was attended by professionals, family members, and others from across the Commonwealth.

Community Training Provided					
Training Activity	Region I	Region II	Region III	Region IV	Region V
CIT/Police: #Trained	0	69	8	45	50
Case Managers/Support Coordinators	13	49	2	124	52
Emergency Service Workers: #Trained	6	4	6	15	14
Family Members: # Trained	0	1	10	0	4
Hospital Staff: # Trained	0	0	25	0	0
DD Provider: #Trained	0	89	19	56	130
Other Community Partners: #Trained	56	2	0	36	7

Summary

This report provides a summary of data for the regional adult REACH programs for the second quarter of fiscal year 2017. Progress continues to be made in fulfilling all of the areas of the Settlement Agreement. Specifically, objectives have been both met and sustained in areas of providing a crisis response around the clock; responding within the time frames established by the Settlement Agreement; providing effective clinical services, both in the CTHs and in the mobile supports provided; and focusing on prevention and planning as vital aspects of the crisis response.

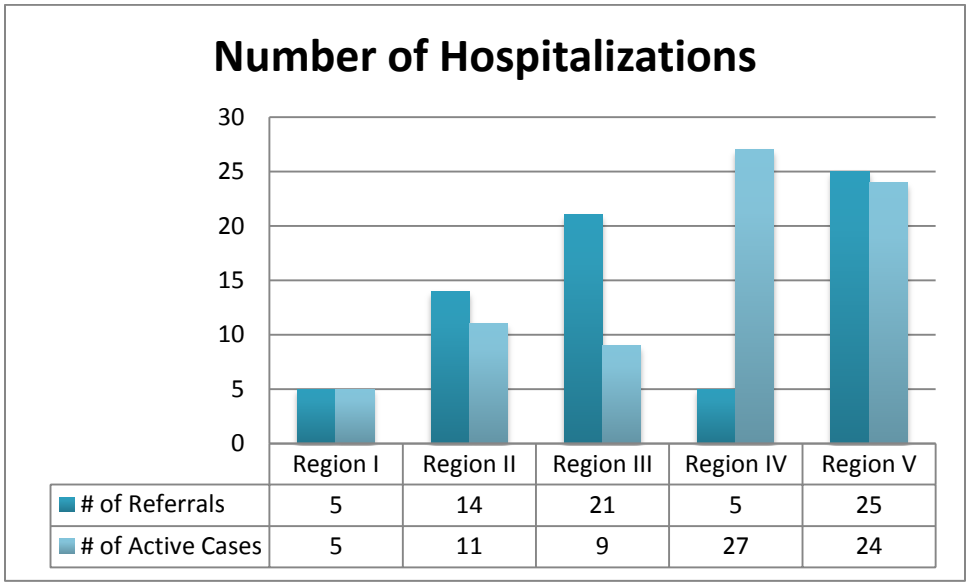
In keeping with the DBHDS' vision, all five of the programs are focusing on prevention work and outreach efforts. Once again, the number of prevention hours reported by the programs is much greater than that devoted to crisis stabilization efforts. Readmissions to the CTH and the mobile support program remain low, which may be a reflection of the follow up and prevention that occurs as a part of the REACH programs. Region IV moved into their new CTH at the beginning of November. Region III also moved to their new home during this past quarter.

The Department's focus on consistency of clinical practice is continuing in addition to requiring staff to take training on Positive Behavior Supports. The Department is working with the programs to develop consistent processes and documentation across all of the REACH Programs.

Overall, the programs continue to move forward in support of the mission for a full spectrum of crisis, prevention and habilitation services to be offered to Virginians with a developmental disability. Many challenges have already been overcome, and the Department is in a good position to address those that remain.

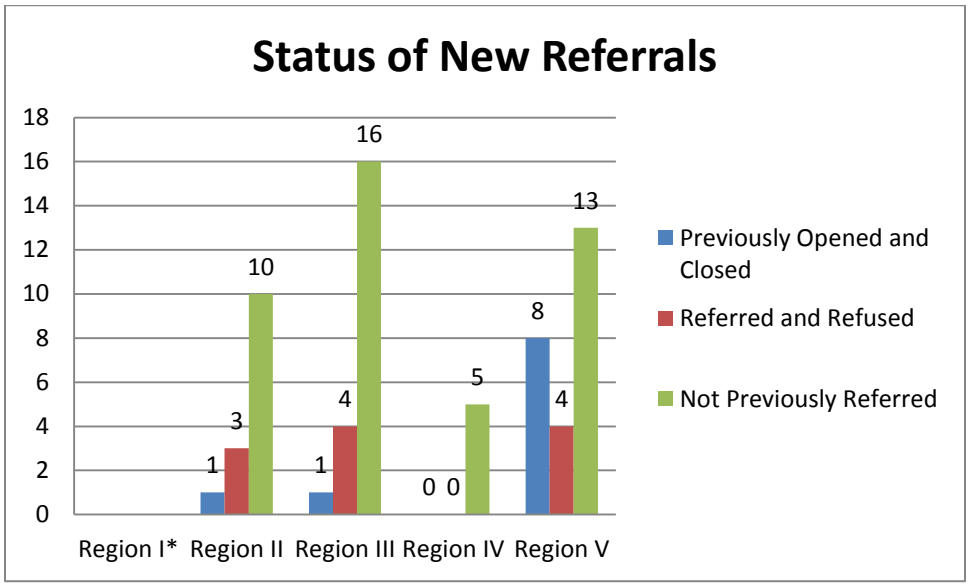
ADDENDUM

The graphs in this addendum are provided to supplement the information contained in the larger quarterly report. While the REACH programs remain actively involved with all hospitalized cases *when they are aware of this disposition*, they may not always be apprised that a REACH client has been hospitalized or that an individual with DD has entered inpatient treatment. While the process of notifying the REACH teams when a prescreening is needed has improved tremendously as a result of new procedures, it remains the case that individuals are sometimes hospitalized without REACH being aware. REACH is active throughout all known psychiatric admissions, including attending commitment hearings, attending treatment team meetings, providing supportive visits, and consultation to the treatment team.

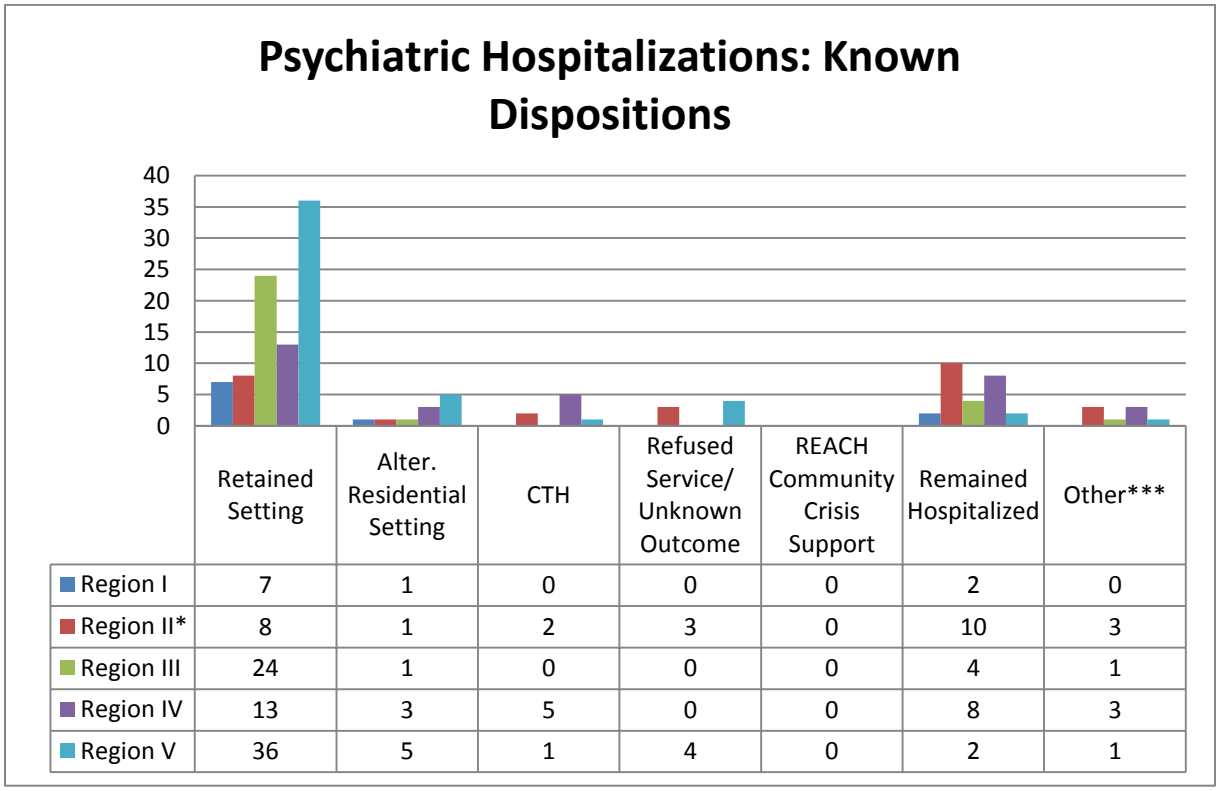


	Region I	Region II	Region III	Region IV	Region V
# of Referrals	5	14	21	5	25
# of Active Cases	5	11	9	27	24

This quarter, DBHDS is adding additional detail regarding hospitalizations of new referrals. The programs are starting to track new referrals according to whether individuals previously received supports through REACH and were closed, were referred but refused follow up services, or were first time referees.



*Region I - This was a new data element created this quarter. Region I will report this data starting with the next quarter.



	Retained Setting	Alter. Residential Setting	CTH	Refused Service/ Unknown Outcome	REACH Community Crisis Support	Remained Hospitalized	Other***
Region I	7	1	0	0	0	2	0
Region II*	8	1	2	3	0	10	3
Region III	24	1	0	0	0	4	1
Region IV	13	3	5	0	0	8	3
Region V	36	5	1	4	0	2	1

*Region II = 1 individual was hospitalized more than 1 time.
***Other = Jail, MH CSU, Training Center, Shelter

LAW ENFORCEMENT INVOLVEMENT